

does, produce at times alarming and even fatal symptoms. I have seen sudden syncope occur during the administration of ether with Clover's smaller apparatus, and active measures called for to recover the patient. I am convinced that in some cases of strangulated hernia (not necessarily in elderly people) a fatal termination has been hastened by the administration of ether; and though ether rarely kills suddenly, it assuredly does so in some cases—it may be a few hours, or even days, after its administration.

As regards chloroform especially, ought it not, perhaps, to be more fully recognised than it is at present that its administration in surgical operating practice requires a very special study and experience? And, perhaps, it is not justifiable to recommend to a patient that anyone is competent to give chloroform. To enforce the truth of this it is only necessary to refer to the diverse ways in which chloroform is administered. In many cases the attention of the administrator is, unconsciously perhaps, divided between the chloroform and the operation.

In the hands of one who is careful at every moment to watch the respiration of his patient and to ignore the operation, and who gives enough and no more chloroform to produce a quiet unconsciousness, and who avoids pushing it to the degree of stertor, and who also does not neglect the position of the lower jaw and the state of the pulse, chloroform is a comparatively safe and most reliable anæsthetic. The operating surgeon, or his assistant, should assist in its careful administration by avoiding sudden alterations in the position of the patient. It is not justifiable to give chloroform in the sitting or, as I believe, in the semi-recumbent position, and perhaps chloroform should be abolished in dental practice. A subcutaneous injection of one-sixtieth of a grain of atropia with one-twelfth of a grain of morphia should be given about ten minutes before commencing the administration of chloroform. Considering the enormous benefits conferred by chloroform, I would say that, in my humble opinion, what is wanted is not so much a safe anæsthetic as a safe anæsthetist, and to urge that in the hands of those experienced in its use chloroform possesses many advantages both to the patient and the administrator that ether does not. In conclusion, Sir, I write of chloroform as I have found it, and in all humbleness and lowness of spirit, and with no desire to stir up the wrath of the champions of ether *v.* chloroform.

I am, Sir, your obedient servant,

ARTHUR G. BLOMFIELD, M.D.,

March 27th, 1886.

House-Surgeon, Devon and Exeter Hospital.

* * Dr. Blomfield does not make any reference to the A.C.E., the mixture of the three agents, which forms a safe anæsthetic, and by the use of which the dangers of chloroform alone and the inconveniences of ether are avoided.—ED. L.

THE DUBLIN HOSPITALS COMMISSION.

To the Editor of THE LANCET.

SIR,—Your Dublin correspondent has quoted extensively from the evidence given by Dr. Thomson before the Hospitals Commission, and as he seems to agree with him that Dublin is over-hospitalled, and that some of the existing hospitals should be amalgamated, to the advantage of teaching and of the public as well as of the patients, it is right that the other side of the question and reasons for the opposite opinion should be given.

1. Amalgamation is impracticable because the distances are too great to render one auxiliary or ancillary to the other for administration, treatment, or teaching. Moreover, the assurance of a friendly and harmonious co-operation of different staffs would be impossible. 2. The proportion of 6s. 8d. in the £ to the food of patients and 13s. 4d. to the general establishment is not worse than the Poor-law system, and it is ordinarily the proportion of necessities to general house expenses in private families. 3. Dublin is not over-hospitalled, and a comparison with any other city does not afford ground for argument, because Dublin contains a general labouring class (according to the health officer, Sir Charles Cameron, and the Registrar-General, Dr. Grimshaw, not one of whom was examined before the Commission) of about 160,000 or 33,000 families residing in 48,000 rooms with utterly inadequate cubic space, and with a mortality of 42 per 1000 per annum. Such being the case, there will at

least be 6 per cent. of this class constantly sick, or 9600; and if we allow that one-half will be able to provide themselves through dispensaries, we have left another to provide for, and at present there are about 2000 in the union hospitals, and there is bed accommodation space in all the hospitals for about 2400; so that Dublin, under its condition, cannot be shown to be over-hospitalled. Each of the staff has only a few patients on account of want of funds. 4. When medical fees are reduced, houses for the poor equal, and the provident system extended in Dublin as in other large towns in the empire, it will be over-hospitalled. 5. It is reasonable that the Imperial grant of £16,000 a year, originally given for encouraging medical research and teaching, as well as for support of hospitals, should be divided into a portion for medical research open to all medical men in the country and into a portion for results. I have clearly and incontrovertibly proved that during twenty-one years at the Army Medical Examinations the Dublin Medical School has lagged in the rear. My proposition, I think, would restore it to its lost position. 6. The public grant should not be shared with specialist hospitals. The reason is obvious. They will always have their special patrons, and the teaching in them, being rather athletic than developmental, does not require national support. 7. The Commission was scarcely well chosen, and the witnesses should have included Sir Charles Cameron and Dr. Grimshaw, the health officer and Registrar-General respectively.

I have the honour to be, Sir, yours faithfully,

JOHN ROCHE, M.D., &c.

Mount Clarence, Kingstown, March 22nd, 1886.

WELLINGTON COLLEGE.

To the Editor of THE LANCET.

SIR,—My attention has been drawn to an occasional note in THE LANCET of March 20th, which speaks of the "number of boys at present excluded from classes through illness" in this school. As such statements, apparently circumstantial, and given with authority, though not derived from nor verified at any official source, are likely to alarm parents and to do wrong to the school, will you allow me to say that the average number of boys out of school on the ground of ailment or accident, grave or slight, during the present term has been 13·6 out of a total number of 405. Unless I am much misinformed, this is not a large average as compared with other healthy schools in such an exceptionally severe spring. As soon as the weather mitigated, the number dropped to the usual average. The maladies have been mainly slight colds and coughs. There have been two cases of pneumonia, both of them now convalescent. Perhaps I may also say that the daily average of boys out of school during the past year was under 4, during the past two years under 4·5, out of rather more than 400. In the two years there have been only two cases of infectious illness, one of measles and one of scarlatina.

I am, Sir, your obedient servant,

E. C. WICKHAM,

Wellington College, Wokingham, March 23rd, 1886. Head Master.

* * Mr. Wickham does not mention that during the period embraced by his letter, in which the institution is represented to have been exceptionally free from illness, one of the masters of the College died from septicæmia after six days' illness, that a boy died from peritonitis after four days' illness, that one of his own household died also of peritonitis, that a servant of the College died from pneumonia after four days' illness, and that a labourer on the grounds died also of pneumonia complicated by septicæmia. These following other similar deaths are suggestive of insanitation. From 13 to 14 per cent. of the deaths in the registration area in which Wellington College is situated are caused by pneumonia. These facts point to a distinct pneumonic tendency in the locality. The two boys recently ill with pneumonia, out of an average of from thirteen to fourteen cases of sickness, is a further confirmation of this disposition to pneumonia in the district. At the schoolboy age pneumonia is rare, for it is a disease affecting chiefly those under five and over twenty. Moreover, an average of from thirteen

to fourteen boys incapacitated for work through illness at any one time, and in the absence of infectious disease, is more than should occur among healthy schoolboys. If Mr. Wickham will compare this number with the number of boys detained at home through illness after the Christmas vacation, when they have been subjected to all the irregularities and festivities of Christmas holiday time, during the coldest month of the year, we think he will find that the illness among the boys while under his charge, "in loco parentis," is in excess of what occurs while under their own parents' supervision. This should not be the case. We hope the time is not far distant when every public school will be called upon to make an annual return of sickness. At present there are no trustworthy statistics available.—ED. L.

HOPEINE.

To the Editor of THE LANCET.

SIR,—Referring to a letter of "Seismos" in THE LANCET, p. 497, regarding the composition of hopeine, I beg to call your attention to the explanation published by Dr. Williamson in the *Chemiker Zeitung* (1886, p. 238). According to this statement, the wild Arizona hops, as well as the lupuline obtained therefrom, contain at least two alkaloids—viz., one similar and probably even identical with morphia, called isomorphia, the other different from morphia in its physical and chemical properties as well as in its physiological action. The fact, proved by further experiments conducted by Dr. Williamson, that the precipitated hopeine prepared by an English manufacturing firm and supplied to French physiologists contained two alkaloids (both extracted from lupuline) has been confirmed by an analysis by Mr. Harland and independently by Dr. Weissenfeld. The quantity of isomorphia, according to Dr. Weissenfeld's statement, is larger in the lupuline than in the hops, while in hops separated from lupuline the other alkaloid (hopeine) is contained in larger proportion. As the quantity of alkaloids contained in hops is exceedingly small, the experiments meet with unusual difficulties. It seems that even Dr. Williamson's pure hopeine contained traces of isomorphia, and the principal object of further experiments is the separation of the two alkaloids after extracting the same from hops or lupuline. There can be no doubt that hopeine greatly differs from morphia and from isomorphia. A small sample I received from Dr. Williamson (although producing the well-known morphia reactions arising probably from traces of isomorphia) had a very marked mydriatic influence on the pupil of the eye, while morphia never produces dilatation. The pungent bitter flavour of pure hopeine and the burning effect on the nerves of the tongue are followed by insensibility of the same to a certain degree. Concentrated solutions endermically applied produce a prickly sensation on the skin. The effect on the system, if used hypodermically, is exceedingly strong, and hopeine could not be injected without danger in the same dose as morphia; dogs are killed by half the dose of hopeine than that required of morphia.

I am, Sir, yours faithfully,

Camomile-street, March 12th, 1886.

W. WILD, M.D.

DEGREES FOR LONDON MEDICAL STUDENTS.

To the Editor of THE LANCET.

SIR,—“Post factum nullum consilium” is indeed most true, and will be bitterly proved to many a man now labouring to get the London Colleges' licence to practise, unless our Colleges have the pluck, they certainly have the success, to obtain power to grant degrees instead of that, to the general public, unknown quantity called a “licence.” I speak from experience on this subject, and none know where the shoe pinches so well as he who wears it.

A short time since I succeeded to a good-class practice in a residential suburb of a large provincial town. My professional brethren are mostly old-established M.D.'s, and to my certain knowledge, having been told by mutual friends, I have lost several families simply because they would have a “Doctor,” and not a mere “Surgeon”; besides this, I am constantly reminded, of course indirectly and most politely, that a surgeon is a very second-rate man compared to an

M.D. A few days ago a sort of deputation of relatives and friends called upon me to urge my taking a degree, for, being anxious for my success, they saw, they said, how much the want of a degree handicapped me. This, Sir, is outside testimony, and therefore of value. Of course I have now no time or opportunity to take a degree, and consequently must go on living down public opinion that our English qualifications are as naught compared to an M.D. until our Colleges assert our rights.

No time could be more opportune than the present for our Colleges to get the Charter they are entitled to. Her Majesty has conferred a great honour upon them and us; would she not be equally willing—nay, anxious—to do us justice as well as honour? I am, Sir, yours truly,

March, 1886.

JUSTICE.

CYCLICAL ALBUMINURIA.

To the Editor of THE LANCET.

SIR,—I am sorry that I did not notice Dr. Pavy's acknowledgment of my paper, and am obliged to him for his letter. My experiments were something more than repetitions of those in his Gulstonian lectures, and arrived at different results. My table was not intended to show the albumen per hour. The periods are too long, and the results, when used for this purpose, obviously misleading. Runeberg (zur Frage des Vorkommens der Albuminurie bei gesunden Menschen) is the only writer I know who has given a table of the hourly secretion of albumen, and that fully bears out my argument, as it shows that the albumen in the forenoon is not only relatively, but absolutely greater per hour.

I am, Sir, yours obediently,

Birmingham, March 31st, 1886.

ROBERT SAUNDBY, M.D.

EDINBURGH.

(From our own Correspondent.)

END OF THE WINTER SESSION.

THE winter courses of lectures in the Medical Faculty of the University came to an end on March 31st, the customary valedictory addresses being delivered and the results of the class competitions announced. In the Extra-academical School the session was brought to a close on the 26th inst.

SCHOOL OF MEDICINE, SURGEON'S HALL.

At a recent meeting of the lecturers to the Royal College of Surgeons, Dr. D. Berry Hart was elected to the Lectureship of Midwifery and Diseases of Women, in the room of the late Dr. Angus Macdonald. Dr. Hart has already acquired the reputation of a successful extra-academical lecturer upon these subjects, having delivered courses of lectures during two summer sessions, which have been well attended by students, and he will prove a most valuable addition to the teaching staff of the College.

HONORARY DEGREES OF EDINBURGH UNIVERSITY.

A list of honorary degrees to be conferred at the approaching graduation ceremonial has been published. Amongst those who are to receive the degree of LL.D. are Professor Dicey, Fellow of All Souls College, Oxford; Mr. R. M. Cust, Secretary of the Royal Asiatic Society; Dr. F. J. Mouat; Sir Chas. Nicholson, Bart., M.D., formerly Chancellor of the University of Sydney; Mr. John Small, M.A., Librarian to the University of Edinburgh; Dr. Schmitz, formerly Rector of Edinburgh High School; and Mr. John Wilson, Emeritus Professor of Agriculture in the University of Edinburgh, and until recently Secretary to the Senatus Academicus.

UNIVERSITY REFORM.

The members of the University General Council Association are again taking active steps in the direction of urging upon Government the necessity for a sweeping measure of reform. A memorial upon the subject, signed by Dr. Rutherford Haldane, chairman of the General Committee of the Association, has been forwarded to the Secretary for Scotland. The memorial, which is a carefully compiled document of considerable length, contains a number of recommendations, the substance of which, it is hoped, will be introduced into the Universities (Scotland) Bill, when that long-expected measure does at length make its appearance. These recommendations deal specially with the relative status and powers